

# CHILDREN'S MENTAL HEALTH BUREAU

## Health Resources Division - DPHHS

### Medicaid Children's Mental Health Plan and Children's Mental Health Services Plan (GHMSP) for Youth

#### Services Excluded from Simultaneous Reimbursement

~~September 1, 2005~~

October 1, 2008

The following matrix identifies services that will not be reimbursed when provided on the same day. All services must be medically necessary (37.82.102 (18) Administrative Rules of Montana).

	PHP/IDT	Day Tx	½ Day Tx	CSCT	OP	CBPRS	Respite	TGH	<u>Mod TFC</u>	<u>Perm TFC</u>
PHP/IDT		X	✕	X	X	<u>X*</u>				
Day Tx	X		✕	X		<u>X*</u>				
½ Day Tx	✕	✕		✕						
CSCT	X	X			X*	X*				
OP	X		✕	X*				<u>X*</u>		
CBPRS	<u>X*</u>	<u>X*</u>		X*				<u>X*</u>		<u>X</u>
Respite								X		
TGH					<u>X*</u>	<u>X*</u>	X		<u>X</u>	<u>X</u>
<u>TFC</u>						<u>X**</u>		<u>X</u>		
<u>Mod TFC</u>								<u>X</u>		
<u>Perm TFC</u>						<u>X</u>		<u>X</u>		

PHP/IDT - Partial Hospital/Intensive Day Treatment: Acute: H0035-U8, H0035-U7 and Sub-Acute: H0035-U6, H0035

Day Tx – Day Treatment: Youth, Full Day-H2012-HA (includes ½ Day Tx)

CSCT – Comprehensive School and Community Treatment: H0036

OP – Outpatient Therapy: 90804, 90806, 90810, 90812, 90846, 90847, 90849, 90853, 90857

CBPRS – Community Based Psychiatric Rehabilitation and Support: H2019

Respite – S5150-HA

TGH – Therapeutic Youth Group Home, Moderate, Intensive, Campus – S5145, S5145-TG and S5145-TF

~~TFC – Therapeutic Youth Family Care, Moderate, Permanency – S5145-HR, S5145-HE-TG~~

Mod TFC – Therapeutic Family Care, Moderate Level: S5145-HR

Perm TFC – Therapeutic Family Care, Permanency Level: S5145-HE-TG

~~\*When prior approved by department utilization reviewer, First Health Services of Montana, Inc.~~

~~\*\* The exception to this is Moderate Level. CBPRS and TFC (Moderate Level) can be billed at the same time, Intensive level TFC cannot be billed at the same time.~~

\*May be reimbursed on the same day when prior authorized by the Department or their designee.